

# Foster Family Home - Corrective Action Report

Provider ID: 1-563933

Home Name: Elenita Vitug, CNA

Review ID: 1-563933-9

91-763 Kilipoe Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/6/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed recertification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) There were no signed MD orders at all for client # 1 includi [REDACTED]

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(7) Expenditure records; and

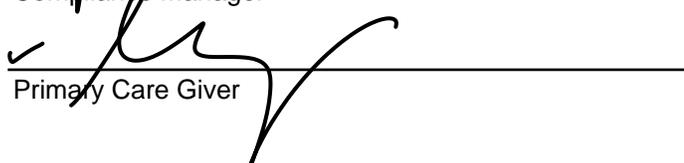
Comment:

54.(c)(7) Client # 1 and 2 had No Personal allowance log documentation

54.(c)(2) Service plan for client # 2 had for use [REDACTED] which CCFFH does not have

54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

  
Compliance Manager

  
Primary Care Giver

5/6/21  
Date

5/6/21  
Date